

## **EXHIBIT 3**

Marathon Petroleum Company LP  
Marine  
Boatcrew Report of Injury or Illness

Name: Ryan Russell Emp #: 779392 Date/Time: 8/28/14  
 Job Title: Deckhand Watch/Start Time: 5:30 pm Vessel: WASHWIE  
 Supervisor: MIKE SCOTT Time of Injury/Illness: 6:45 pm Location: Left at Wood River  
 List any witnesses: DAVE HAWKESDALE, Anthony Gino, Michael Scott  
 Weather Conditions: Heavy rain, thunder Deck Conditions: Wet  
 Reported To: Mate Done Date: 8/28/14 Time: 7:30 AM  
 Date Hired: 5/12/08 # Months in current position: 6 years 3 months  
 On-site 1<sup>st</sup> Aid Treatment: Ibuprofen, Ben Gay Provided By: him self  
 Was professional medical treatment sought? NO Facility Name: \_\_\_\_\_  
 If the employee died, when did death occur? N/A  
 Describe treatment or medication given: Ibuprofen, Ben Gay

Describe in detail your activities immediately before the incident: Tie off Barges

Describe in detail how the injury/illness occurred: took wine off Barges

Describe in detail the parts of your body affected: lower back pain radiates from lower back around sides into testicles

Identify in detail any potential safety concerns related to this incident (examples equipment and/or acts): \_\_\_\_\_

Check protective equipment worn:

Equipment	Worn	Equipment	Worn	Equipment	Worn	Equipment	Worn
Goggles	_____	Safety Glasses	<input checked="" type="checkbox"/>	Safety Shoes	<input checked="" type="checkbox"/>	H2S Monitor	<input checked="" type="checkbox"/>
Face Shield	_____	Fall Protection	<input checked="" type="checkbox"/>	Seat Belt	_____	Gloves	<input checked="" type="checkbox"/>
Hard Hat	_____	FR Uniform	<input checked="" type="checkbox"/>	Respirator	_____	PFD	<input checked="" type="checkbox"/>
Other	_____						

Signature of Employee: Russell

Date: 8/28/14

Completed by (if other than employee): \_\_\_\_\_

Date: \_\_\_\_\_